



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 219002028402	
In re Application of     Sarvajit CHAKRAVARTY			
Application Number 09/972,582		Filed October 5, 2001	
For:     QUINAZOLINE DERIVATIVES AS MEDICAMENTS			
Art Unit     1624		Examiner     H. Liu	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |               |
|--|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____      |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$     950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____      |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     03-1952

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

- I am the
- ☐ applicant/inventor.
  - ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
  - ☐ attorney or agent of record. Registration Number \_\_\_\_\_
  - ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)     44,957

\_\_\_\_\_  
Date

(858) 720-7940  
Telephone Number

\_\_\_\_\_  
Signature  
James J. Mullen, III  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of     1     forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 5, 2004

Signature: (Marian L. Christopher)

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